

REQUEST FOR WAIVER



APPLICANT INFORMATION

AIRPORT/HELIPORT NAME Lazy B Ranch Airport				DATE 08/24/2012	
NAME OF LICENSEE Lazy B Ranch, LLC			POINT OF CONTACT (if different than Licensee) Irvin L Baughman		
DAYTIME PHONE NUMBER (717) 332-9233	EMAIL		DAYTIME PHONE NUMBER (717) 332-9233	EMAIL	
STREET ADDRESS/P.O. BOX 3883 Bull Road			STREET ADDRESS/P.O. BOX 3883 Bull Road		
CITY Dover	STATE PA	ZIP CODE 17315	CITY Dover	STATE PA	ZIP CODE 17315

WAIVER REQUEST

State request and describe condition to be waived (attach documents, maps and photos as necessary): Attachments

Request a Bureau waiver for a Utility Pole located southwest of the end to runway 5. Power lines that use to cross the final approach to this visual runway are now underground. This pole supports the above ground power lines that move away from the runway on a western path.

Explain why criterion cannot be met:
The pole cannot be moved.

List all actions taken to alleviate non-standard condition (attach additional sheets and documentation as necessary):
A determination of no hazard was requested from the FAA on 1/24/12 and an approval letter was received on 08/14/12. The letter from the FAA is attached.

List Type Approach (each rwy): Runway 5 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR Runway 23 <input checked="" type="checkbox"/> Visual <input type="checkbox"/> NPI <input type="checkbox"/> PIR	Public Airports Only: Municipality in which located: <u>Conewago Township</u> Airport Hazard Zoning Enacted: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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CERTIFICATION

I hereby certify that I am the owner, or authorized agent, of the above named airport/heliport, that the information contained in this application and any accompanying documents is true and correct.

Irvin L Baughman Name (Print)	Signature
President Title	24 August 2012 Date

Complete and mail to: **PennDOT Bureau of Aviation**
Attn: Aviation Specialist Supervisor
P.O. Box 3457
Harrisburg, PA 17105-3457

FOR BUREAU OF AVIATION USE ONLY	
Received _____	
Region _____	